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NARCOTIC DRUGS AND CRIME

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Two outstanding features of the past two years' developments in regard to the drug addiction problem are, (1) the failure of the drug clinic conducted by the city of New York, (2) the greater public attention which the vice has commanded.

With prohibition in full force it was expected that many would seek other outlet for vice, and naturally the one most prominent, and which was considered next in importance was that of narcotic drug addiction. This problem has been a source of worry to the medical and legal profession as well as the social workers and investigators for many years, but only recently has it become so well recognized as an evil by the public, and only within a comparatively short time has the necessity arisen for health departments of municipalities to devise means for curbing it.

The two most noteworthy efforts along this line have been the establishment of drug clinics in New York and New Orleans. A few other cities have followed their example.

The New Orleans Clinic was started in early 1919, under the control of the Louisiana State Board of Health. For the first few months there were glowing accounts of the wonderful success of the plan. Dr. M. W. Swords, at the head of the work, who had never previously had any experience with the problem, issued a report in June, 1919. He gave full details of his plan, showing how he distributed the morphine in vials to the addict who applied for it, at a price of a little over six cents a grain; how he beautified the dispensary with mahogany furniture, tan shaded walls with corner pedestals bearing ferns and palms; how he determines the dosage for each applicant, and gradually reduces this amount; how he recorded the sales without disclosing the purchaser's name; and how he intended to increase the clinic, so that addicts travelling through the state may procure their allotment. Many other details together with the director's own views of the subject are recorded in the report.

He gives excerpts from interviews with men who have come to study his plan; "A most wonderful, humane, charitable work."—"We failed to catch the name of this latter gentleman (one of the best

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known newspaper men of New York City), but he expressed himself as intensely interested in the work, thought it remarkable and wonderfully efficient for so short a period of running" . . . "Since viewing your new venture in full operation, I must say it is the most worthy undertaking I have ever viewed." . . . "We were remarking that for a city of approximately 400,000 people, and only a police force of around 300, New Orleans was remarkable free from crime waves. However, since viewing this wonderful and humane work of yours, we have the answer to our question, due undoubtedly to the fact that you have all addicts, high class as well as criminal, under central control, supplying them with restricted quantities for the drug of their addiction." . . . "You have eliminated at least 75% of petty larceny since the furnishing of this drug to addicts." . . . "I never knew such a thing existed (and this gentleman broke down and shed tears)."

Recent inquiries as to the progress of this clinic brought forth the following reply from the Superintendent of Police: "In my opinion this is not a good thing; it has brought considerable addicts here from other places."

Letters to the Louisiana State Board of Health, regarding the clinic, as well as inquiries of several prominent physicians of New Orleans, have brought forth no response.

The clinic in New York was opened in April, 1919, by the Board of Health, because of the fear of the consequences that might result from the sudden shutting off of the source of supply of many addicts who had been obtaining drugs from persons recently arrested for supplying them and others in the same business who had suspended operations because of being frightened by these arrests. This clinic was closed in March of this year. Its failure, and the lessons learned by its trial for eleven months, are well described by Dr. S. Dana Hubbard, in the Public Health Reports for March 26, 1920.

It was found that of the 7,400 drug addicts who attended the clinic for their narcotic, less than 2,000 were willing to go to a hospital for treatment, with ultimate cure in sight. The officials of the department were convinced that it was not the proper procedure to give narcotic drugs to addicts for self-administration. Some addicts sold the excess obtained at the clinic to other addicts or peddlers. There was fraud in obtaining the drug. Friends of addicts became habitues through association with beneficiaries of the clinic. With very few exceptions, no cures were known to have been effected by means of the reduction system used. Ambulatory treatment was found to be vicious in prin-

ciple and in effect. There is no need for prolonging addiction by a continued supply of narcotics.

Answer to questions often asked are quoted here in full from Dr. Hubbard's report:

"Does a dispensary help to get rid of peddlers?"

"If a dispensary issues to all-comers all the drug they desire, it may, by competition, put the peddlers out of business. In that case there would not be much to choose between the evil and the alleged remedy. If it does not supply the drugs 'ad libitum' it encourages the traffic of peddlers by keeping up the demand.

"Does a dispensary tend to prevent petty crime by addicts?"

"The answer is much the same as that to the previous question. A jeweler could prevent burglars from breaking into his store by opening it to them and asking them to help themselves to his stock. The surest and quickest way to prevent crimes arising from an addict's craving for his drug is to cure the addict and thus remove the craving.

"Does a dispensary gradually decrease the number of addicts?"

"It tends to increase the number; reasons are clearly shown in the text how this is effected.

"Is a dispensary necessary to prevent death or terrible suffering of addicts bereft of supply of drug?"

"Death does not result from sudden deprivation of the drug in the case of a healthy addict—an addict without any therapeutic reason for addiction, as a case of cancer, painful tic, etc., naturally not being included in our consideration as all of these cases are under either suitable institutional or private physician's care. The suffering caused by the sudden deprivation is not as severe as it may appear on the surface, and it is of short duration.

"If hospital facilities can be provided, there is no excuse for a public or private narcotic dispensary. If they can not, it might be desirable to make arrangements for *personal administration* of drugs to addicts as a temporary measure of relief. A dispensary where the drugs are dispensed to the addicts for self-administration is so harmful in its effects that it can not be recommended under any circumstances."

A "clinic" was opened in Los Angeles early this year, but has not been the success its promoters desired. The following under the caption "The Municipal Drug Clinic of Los Angeles" appeared in the June issue of the California State Journal of Medicine: "Dr. Nevius in defense of the Drug Clinic stated that the clinic, or any clinic in fact, is not the solution of the drug evil, and that the theory on which the

drug clinic is supposed to work, that of a reduction of amount, has never been put into practice here. He estimated that the clinic is selling drugs to only one-fourth of all the addicts of the city. He thinks the clinic has been of value. First, some addicts have been given a desire to break themselves of the habit, and with their will to be cured, they may be helped. Second, a stop has been put to peddling in a large degree. Third, some formerly reputable men and women addicts have been given a chance to get their morphine legitimately, and still attend to business."

The clinic in San Diego is somewhat similar to that of Los Angeles. It has been reported that the addict procures a supply at the clinic at reduced rates, and then goes across the border to Mexico where he spends for more narcotics the money he has saved.

It is now generally conceded that the so-called Narcotic Drug Clinics, as conducted, have been a failure and probably no more municipalities will establish clinics of this type.

Although the clinics have caused wide publicity to be given to the drug vice, a small book recently published called "The Opium Monopoly" by Miss Ellen N. La Motte, has attracted particular attention because in it she points out that the British Government in the Far East maintains the trade in opium and derives a great revenue from its sales. Miss La Motte traveled all through the Far East and obtained at first hand the information which she presents. She points out that once each month the British Government conducts auction sales, where thousands of pounds of opium are sold and turned loose upon the world, to bring destruction and ruin to the human race. The opium production is encouraged and the British Government even lends money without interest to all those willing to raise this most profitable crop.

The authoress visited Singapore which she describes as a city of wide beautiful streets, fine government buildings, magnificent quays and docks, whose revenue in large part is derived from the sale of opium and from license fees derived from shops where opium may be purchased, or from divans where it may be smoked. She visited some of these divans where she witnessed the most profound shame and degradation, all contributing to the coffers of the mighty British Empire.

Such facts certainly are deplorable, and it is beyond understanding how such an enlightened nation as England can tolerate and countenance such a condition and allow it to exist. Certainly her statesmen and publicists realize the viciousness of this means of procuring revenue.

This encouraged production of opium directly affects the welfare of the United States. Every ship coming to San Francisco from the Far East is thoroughly searched for smuggled opium. And recently almost every steamer has yielded large quantities hidden in the most unexpected places.

With the failure of the clinic and the aroused interest in narcotic drug addictions, the question comes "What are you going to do about it?" The United States Public Health Service is devoting considerable time and energy to the study of the subject, but has not yet brought forth an active campaign to cope with it. The American Medical Association has a standing committee which reports progress. And the various state and municipal governments are trying, through the Board of Pharmacy and Boards of Health, to suppress smuggling, and relieve the sufferings of the addicts. There seems to be no concerted effort, however, to deal with it as the Government has dealt with alcoholic liquors.

The manufacture, transportation and distribution of narcotics have not been curtailed, except as to dispensing by the Harrison Law. If the drugs are allowed to be made unmolested in our own country, shipped into Mexico or Canada for smuggling back into the United States, a law which applies only to physicians and dentists is to have about as much effect in stopping the traffic as trying to stop the flow of the Mississippi River by putting one's hand against the current.

Two things, then, to do are first: to engender a spirit of shame into the British Empire, or any other nation which encourages the production of opium, that it will cease forever the growing of the poppy; and secondly, to entrust the manufacture of opium derivatives to the government only, and put it on a plan somewhat similar to the minting of money. With these, of course, there should be an agreement to stop smuggling and promiscuous production in other countries.

Mr. Thomas S. Blair, Chief of the Bureau of Drug Control, of Pennsylvania, in a personal communication favors Article 23, of the proposed constitution of the League of Nations, which provides authority to perfect ratification of the Hague Opium Convention, and in the meantime to make temporary arrangements with Mexico and Canada to prevent smuggling. He favors government monopoly of these products. "In view of the fact that opium and coca leaves are not produced in the United States, the government monopoly of these products would be even more easy than Government control of alcohol, because alcohol can be readily produced anywhere."

This problem is a world problem. It is not for a few social workers, a few physicians, a few municipalities, a few states, and a few governments, but it is for all the world, for its influence touches all. Unity of action, a definite curtailment of production, government manufacture and international agreement ; these are the things to secure, and to carry them out are the things to do about it.